| Case 24-10354-amc Do  | oc 16 Filed 03/01/24 Entered 03<br>Document Page 1 of 32  | 3/01/24 12:30:51   | Desc Main                             |  |
|---|---|--|---------------------------------------|--|
| Fill in this information to identify your case a                    |   |  |                                       |  |
| Debtor 1 Jennifer L. First Name Middle                              | Shinn Madden e Name Last Name   | —  |                                       |  |
| Debtor 2 (Spouse, if filing) First Name Middle                      | e Name Last Name  |  |                                       |  |
| United States Bankruptcy Court for the:                             | Eastern District of Pennsylvania  |  | Oh a ala if their in a re             |  |
| Case number <u>24-10354-amc</u>                                     |   |  | Check if this is an amended filing    |  |
| Official Form 106A/B  |   |  |                                       |  |
| Schedule A/B: Propert   | У   |  | 12/15                                 |  |
| Part 1: Describe Each Residence                                     | se number (if known). Answer every question. ce, Building, Land, or Other Real Estate ble interest in any residence, building, land, or simil |  | Interest In                           |  |
| 1.1 7146 Cottage St Street address, if available, or other          | What is the property? Check all that apply.  ✓ Single-family home  Duplex or multi-unit building  Condominium or cooperative                  | Do not deduct secured clause the amount of any secure Creditors Who Have Claim   | ed claims on Schedule D:              |  |
| description   | ☐ Manufactured or mobile home ☐ Land  | Current value of the entire property?  | Current value of the portion you own? |  |
| Philadelphia, PA 19135-1202 City State ZIP Code Philadelphia County | ☐ Investment property ☐ Timeshare ☐ Other  Who has an interest in the property? Check one. ☑ Debtor 1 only                                    | \$158,640.00 \$158,640  Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties a life estate), if known.  Fee Simple |                                       |  |
|   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | Check if this is comm<br>(see instructions)  | nunity property                       |  |
|   | Other information you wish to add about this ite property identification number:  | n, such as local   |                                       |  |
|   | Source of Value: Zillow (\$198,300 less 20% clos  | ng costs)  |                                       |  |
| 2. Add the dollar value of the portion you o                        | own for all of your entries from Part 1, including any  | entries for pages _  | \$459,640,00                          |  |

Part 2:

Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

you have attached for Part 1. Write that number here

Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

□ No

**√** Yes

\$158,640.00

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|    | 3.1   | Make: Model: Year: Approximate mileage: Other information: | Accent 2010 96000  | Who has an interest in the property? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this is community property (see instructions) | the amount of any secure  | ed claims or exemptions. Put sourced claims on <i>Schedule D: Claims Secured by Property.</i> Current value of the portion you own?  50 \$1,152.00 |  |  |  |
|----|---|--|--------------------|--|---------------------------|--|--|--|--|
| 4. |   | <i>nples:</i> Boats, trailers, mo<br>o                     | •                  | and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a  |                           |  |  |  |  |
| 5. | you h   | nave attached for Part                                     | 2. Write that n    | wn for all of your entries from Part 2, including any umber here   |                           | \$1,152.00   |  |  |  |
|    | rt 3:<br>ou owr   |  |                    | and Household Items rest in any of the following items?  |                           | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |  |  |  |
| 6. | Exam  | es. Describe   | s, furniture, line | ieces of furniture, furnishings, appliances, linens, and o   | other similar items, each | \$950.00   |  |  |  |
| 7. | Exam  | collections; electrons                                     | ronic devices ir   | deo, stereo, and digital equipment; computers, printers cluding cell phones, cameras, media players, games elevisions, mobile devices, and computers, each value   |                           | \$350.00   |  |  |  |
| 8. | <ul> <li>Collectibles of value</li> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</li> <li>✓ No</li> <li>Yes. Describe</li> </ul> |  |                    |  |                           |  |  |  |  |
| 9. | Exam  | kayaks; carpentry  | phic, exercise,    | and other hobby equipment; bicycles, pool tables, golf instruments   | clubs, skis; canoes and   |  |  |  |  |

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| 10.  | Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  |   |
|------|---|---|
|      | ✓ No  |   |
|      | Yes. Describe   |   |
| 11.  | Clothes   |   |
|      | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  |   |
|      | □ No  |   |
|      | ✓ Yes. Describe Various used articles of clothing, shoes, and accessories, each valued at \$600 or less.  | \$250.00  |
| 12.  | Jewelry   |   |
|      | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver   |   |
|      | □ No  |   |
|      | ✓ Yes. Describe Various used pieces of jewelry.   | \$75.00   |
| 13.  | Non-farm animals  Examples: Dogs, cats, birds, horses   |   |
|      | <b>☑</b> No   |   |
|      | Yes. Describe   |   |
| 14.  | Any other personal and household items you did not already list, including any health aids you did not list   |   |
|      | ☑ No  |   |
|      | Yes. Give specific information  |   |
| 15.  | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here   | \$1,625.00  |
|      |   |   |
| Pa   | rt 4: Describe Your Financial Assets  |   |
| Do y | ou own or have any legal or equitable interest in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16.  | Cash  |   |
|      | Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition   |   |
|      | ☑ No □ Yes  |   |
| 17.  | Deposits of money   |   |
|      | Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. |   |
|      | □ No  |   |
|      | ✓ Yes Institution name:   |   |
|      | 17.1. Checking account: PNC Bank  | \$103.44  |

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| 18. | Bonds, mutual funds, or publicly traded stocks  |
|-----|---|
|     | Examples: Bond funds, investment accounts with brokerage firms, money market accounts   |
|     | ☑ No  |
|     | ☐ Yes   |
| 19. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture  |
|     | ☑ No  |
|     | Yes. Give specific information about them   |
| 20. | Government and corporate bonds and other negotiable and non-negotiable instruments  |
|     | Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. |
|     | ☑ No  |
|     | Yes. Give specific information about them   |
| 21. | Retirement or pension accounts  |
|     | Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |
|     | ☑ No  |
|     | Yes. List each account separately.  |
| 22. | Security deposits and prepayments   |
|     | Your share of all unused deposits you have made so that you may continue service or use from a company  |
|     | Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others   |
|     | ☑ No  |
|     | ☐ Yes   |
| 23. | Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)   |
|     | ☑ No  |
|     | ☐ Yes   |
| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.   |
|     | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   |
|     | ☑ No  |
|     | ☐ Yes   |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit   |
|     | ☑ No  |
|     | Yes. Give specific information about them   |

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Debtor Shinn Madden, Jennifer L. Case number (if known) 24-10354-amc

| 26.  | Patents, copyrights, trademarks, trade secrets, and other intellectual property  |   |
|------|--|---|
|      | Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  |   |
|      | ☑ No   |   |
|      | Yes. Give specific information about them  |   |
| 27.  | Licenses, franchises, and other general intangibles  |   |
|      | Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses   |   |
|      | ☑ No   |   |
|      | Yes. Give specific information about them  |   |
| Mone | y or property owed to you?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Tax refunds owed to you  |   |
|      | ☑ No   |   |
|      | Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   |
| 29.  | Family support   |   |
|      | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |   |
|      | ☑ No   |   |
|      | Yes. Give specific information   |   |
| 30.  | Other amounts someone owes you   |   |
|      | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else |   |
|      | ☑ No   |   |
|      | Yes. Give specific information   |   |
| 31.  | Interests in insurance policies  |   |
|      | Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  |   |
|      | ☑ No   |   |
|      | Yes. Name the insurance company of each policy and list its value  |   |
| 32.  | Any interest in property that is due you from someone who has died   |   |
|      | If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.                        |   |
|      | ☑ No   |   |
|      | ☐ Yes. Give specific information   |   |
| 33.  | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment   |   |
|      | Examples: Accidents, employment disputes, insurance claims, or rights to sue   |   |
|      | ☑ No   |   |
|      | Yes. Describe each claim   |   |

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Debtor Shinn Madden, Jennifer L.

Case number (if known) 24-10354-amc

| 34. | Other o                                       | contingent and unliquidated claims of every nature, incl                                     | uding counterclaims of the debtor and right | ts to set off |                      |  |  |  |  |
|-----|---|--|---|---------------|----------------------|--|--|--|--|
|     | <b>√</b> No                                   |  |   |               |                      |  |  |  |  |
|     | ☐ Yes   | . Describe each claim  |   |               |                      |  |  |  |  |
| 35. | Any financial assets you did not already list |  |   |               |                      |  |  |  |  |
|     | <b>☑</b> No                                   |  |   |               |                      |  |  |  |  |
|     | _   | . Give specific information  |   |               |                      |  |  |  |  |
| 36. |   | e dollar value of all of your entries from Part 4, including<br>t 4. Write that number here  |   | →             | \$103.44             |  |  |  |  |
| Pa  | rt 5:   | Describe Any Business-Related Property   | You Own or Have an Interest In. I           | _ist any re   | al estate in Part 1. |  |  |  |  |
| 37. | Do you  | own or have any legal or equitable interest in any busi                                      | ness-related property?                      |               |                      |  |  |  |  |
|     | <b>√</b> No.                                  | Go to Part 6.  |   |               |                      |  |  |  |  |
|     | ☐ Yes   | . Go to line 38.   |   |               |                      |  |  |  |  |
| 45. |   | e dollar value of all of your entries from Part 5, including<br>t 5. Write that number here  |   | →             | \$0.00               |  |  |  |  |
|     |   | Describe Any Form, and Commercial Fish   | sing Deleted Property Voy Own or            | Have on h     | atorost In           |  |  |  |  |
| Pa  | rt 6:   | Describe Any Farm- and Commercial Fish<br>If you own or have an interest in farmland, list i |   | nave an n     | nterest in.          |  |  |  |  |
| 46. | Do you  | own or have any legal or equitable interest in any farm                                      |   |               |                      |  |  |  |  |
|     | _   | Go to Part 7.  | 0 ,   |               |                      |  |  |  |  |
|     | _   | . Go to line 47.   |   |               |                      |  |  |  |  |
| 52. |   | e dollar value of all of your entries from Part 6, including<br>t 6. Write that number here  |   | →             | \$0.00               |  |  |  |  |
| Pa  | rt 7:   | Describe All Property You Own or Have a  | n Interest in That You Did Not Lis          | t Above       |                      |  |  |  |  |
| 53. | Do you  | have other property of any kind you did not already list                                     | ?   |               |                      |  |  |  |  |
|     | Exampl  | les: Season tickets, country club membership   |   |               |                      |  |  |  |  |
|     | <b>√</b> No                                   |  |   |               |                      |  |  |  |  |
|     |   | . Give specific<br>rmation   |   |               |                      |  |  |  |  |
|     | 11110   | illiation  |   |               |                      |  |  |  |  |
| 54. | Add the                                       | e dollar value of all of your entries from Part 7. Write tha                                 | it number here                              | →             | \$0.00               |  |  |  |  |
| Pa  | rt 8:   | List the Totals of Each Part of this Form  |   |               |                      |  |  |  |  |
|     | Don't d.                                      | Total real estate line 2   |   | <b>-</b>      | \$158,640.00         |  |  |  |  |
| 55. | Part 1:                                       | Total real estate, line 2  |   |               | <u>Ψ100,010100</u>   |  |  |  |  |
| 56. | Part 2:                                       | Total vehicles, line 5   | \$1,152.00                                  |               |                      |  |  |  |  |
| 57. | Part 3:                                       | Total personal and household items, line 15  | \$1,625.00                                  |               |                      |  |  |  |  |
| 58. | Part 4:                                       | Total financial assets, line 36  | \$103.44                                    |               |                      |  |  |  |  |
| 59. | Part 5:                                       | Total business-related property, line 45   | \$0.00                                      |               |                      |  |  |  |  |

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Debtor Shinn Madden, Jennifer L. Case number (if known) 24-10354-amc

| 60. | Part 6: Total farm- and fishing-related property, line 52     |   | \$0.00     |                              |    |              |
|-----|---|---|------------|------------------------------|----|--------------|
| 61. | Part 7: Total other property not listed, line 54              | + | \$0.00     |                              |    |              |
| 62. | Total personal property. Add lines 56 through 61              |   | \$2,880.44 | Copy personal property total | +_ | \$2,880.44   |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62. |   |            |                              |    | \$161,520.44 |

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| Fill in this information | n to identify your case: |             |                               |
|--------------------------|--------------------------|-------------|-------------------------------|
| Debtor 1                 | Jennifer                 | L.          | Shinn Madden                  |
|                          | First Name               | Middle Name | Last Name                     |
| Debtor 2                 |                          |             |                               |
| (Spouse, if filing)      | First Name               | Middle Name | Last Name                     |
| United States Bank       | ruptcy Court for the:    | Eas         | tern District of Pennsylvania |
| Case number (if known)   | 24-10354-aı              | mc          |                               |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|  | Claim as Exempt   |   |                                    |  |  |  |  |  |  |
|--|---|---|------------------------------------|--|--|--|--|--|--|
| 1.   | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |   |                                    |  |  |  |  |  |  |
| 2. For any property you list on <i>Schedu</i>                                    | le A/B that you claim as exempt, fil  | I in the information below.                                       |                                    |  |  |  |  |  |  |
| Brief description of the property and line Schedule A/B that lists this property | on Current value of the portion you own   | Amount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |  |  |
|  | Copy the value from<br>Schedule A/B   | Check only one box for each exemption.                            |                                    |  |  |  |  |  |  |
| Brief description:<br>7146 Cottage St Philadelphia, PA 19135-                    | 1202 \$158,640.00   | \$27,900.00   | 11 U.S.C. § 522(d)(1)              |  |  |  |  |  |  |
| Line from Schedule A/B: 1.1  | <u> </u>  | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  |   | <b>₫</b> \$1,475.00   | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |  |
|  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
| Brief description: 2010 Hyundai Accent   | \$1,152.00  | <b>√</b> \$1,152.00   | 11 U.S.C. § 522(d)(2)              |  |  |  |  |  |  |
| Line from Schedule A/B: 3.1  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  |   | <b>√</b> \$0.00   | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |  |
|  |   | 100% of fair market value, up to any applicable statutory limit   |                                    |  |  |  |  |  |  |

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|---------------|----------------------------|-------------------------|-------------------------------|---|--|
| Debtor 1      | Jennifer                   | L.                      | Shinn Madden                  | Case number (if known) 24-10354-amc             |  |
|               | First Name                 | Middle Name             | Last Name                     |   |  |
| Part 2:       | Additional Page            |                         |                               |   |  |
| 3. <b>Are</b> | you claiming a homeste     | ad exemption of more    | :han \$189,050?               |   |  |
| (Sub          | pject to adjustment on 4/0 | 01/25 and every 3 years | after that for cases filed or | on or after the date of adjustment.)            |  |
| <b>√</b> 1    | No                         |                         |                               |   |  |
|               | res. Did you acquire the p | property covered by the | exemption within 1,215 da     | ays before you filed this case?                 |  |
|               | ☐ No                       |                         |                               |   |  |
|               | ☐ Yes                      |                         |                               |   |  |

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Debtor 1 Jennifer Shinn Madden Case number (if known) 24-10354-amc First Name Middle Name Last Name Part 2: Additional Page Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Brief description:  $\sqrt{\phantom{a}}$ 11 U.S.C. § 522(d)(3) Various used pieces of furniture, furnishings, \$950.00 ☐ 100% of fair market value, up appliances, linens, and other similar items, each valued at \$600 or less. to any applicable statutory limit Line from Schedule A/B: Brief description: \$350.00 11 U.S.C. § 522(d)(3) \$350.00 Various used televisions, mobile devices, and computers, each valued at \$600 or less. 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: Brief description:  $\sqrt{\phantom{a}}$ 11 U.S.C. § 522(d)(3) \$250.00 Various used articles of clothing, shoes, and accessories, each valued at \$600 or less. 100% of fair market value, up to any applicable statutory limit I ine from Schedule A/B: Brief description:  $\sqrt{}$ 11 U.S.C. § 522(d)(4) \$75.00 \$75.00 Various used pieces of jewelry. 100% of fair market value, up to any applicable statutory limit 12 Schedule A/B: Brief description:  $\sqrt{}$ 11 U.S.C. § 522(d)(5) \$103.44 **PNC Bank** Checking account 100% of fair market value, up

to any applicable statutory limit

Line from Schedule A/B:

|                     |  |                           | Document I                     | Page 11 of 3         | 2               |            |                       |                |
|---------------------|--|---------------------------|--------------------------------|----------------------|-----------------|------------|-----------------------|----------------|
| Fill in this inform | ation to identify yo                   | ur case:                  |                                |                      |                 |            |                       |                |
| Debtor 1            | Jennifer                               | L.                        | Shinn Madden                   |                      |                 |            |                       |                |
| Debior 1            | First Name                             | Middle Name               | Last Name                      |                      | _               |            |                       |                |
| Debtor 2            |  |                           |                                |                      |                 |            |                       |                |
| (Spouse, if filing) | First Name                             | Middle Name               | Last Name                      |                      | _               |            |                       |                |
| United States F     | Bankruptcy Court fo                    | or the: Ea:               | stern District                 | of Pennsylvania      | a               |            |                       |                |
|                     | . ,                                    | or trie.                  |                                |                      |                 |            |                       |                |
| Case number (i      | if 24-10354-amc                        |                           |                                | -                    |                 |            | ☐ Check if            | this is an     |
| ,                   |  |                           |                                |                      |                 |            | amende                | d filing       |
| Official For        | m 106D                                 |                           |                                |                      |                 |            |                       |                |
|                     | lo Di Cro                              | ditore \//k               | ao Hovo Cla                    | oime Soc             | urod I          | hv D       | roporty               |                |
| <u>scriedu</u>      | ie D. Cre                              | earrois vvi               | no Have Cla                    | aims sec             | urea            | оу Р       | Toperty               | 12/15          |
| •                   | •                                      |                           | ed people are filing tog       | •                    |                 |            |                       |                |
| •                   | eeded, copy the A<br>number (if known) | •                         | out, number the entrie         | s, and attach it to  | this form. O    | n the top  | of any additional pag | es, write your |
|                     | ` ,                                    | secured by your pr        | anartu?                        |                      |                 |            |                       |                |
| -                   |  |                           |                                | dulas Vairbaira ast  | -!! +- "        |            | uhia farra            |                |
|                     | in all of the informa                  |                           | ourt with your other sched     | dules. You have not  | ning eise to re | eport on i | inis iorm.            |                |
|                     |  |                           |                                |                      |                 |            |                       |                |
| Part 1:             | _ist All Secured                       | Claims                    |                                |                      |                 |            |                       |                |
| 2. List all sec     | cured claims. If a c                   | reditor has more thar     | one secured claim, list t      | he creditor          | Column A        |            | Column B              | Column C       |
|                     |  |                           | has a particular claim, lis    |                      | Amount of       | claim      | Value of collateral   | Unsecured      |
|                     |  | s possible, list the clai | ms in alphabetical order       | according to the     | Do not deduc    | ct the     | that supports this    | portion        |
| creditor's na       | ame.                                   |                           |                                |                      | value of colla  | iteral.    | claim                 | If any         |
| 2.1 City of Ph      | iladelphia                             | Descri                    | be the property that see       | cures the claim:     | \$              | 989.10     | \$158,640.00          | \$0.00         |
| Creditor's N        | Name                                   | 7146 (                    | Cottage St Philadelphia, I     | PA 19135-1202        |                 |            |                       |                |
| Municipal           | Services Building                      |                           |                                |                      |                 |            |                       |                |
| 1401 Johr           | n F Kennedy Blvd F                     | 15 As of t                | he date you file, the cla      | im is: Check all tha | it apply.       |            |                       |                |
| Number              | Street                                 | ☐ Co                      | ntingent                       |                      |                 |            |                       |                |
| Philadelph          | nia, PA 19102-1617                     | Uni                       | iquidated                      |                      |                 |            |                       |                |
| City                | State                                  | ZIP Code                  | puted                          |                      |                 |            |                       |                |
| Who owes            | s the debt? Check                      | one. Nature               | of lien. Check all that ap     | pply.                |                 |            |                       |                |
| Debtor              | 1 only                                 | ☐ An                      | agreement you made (su         | uch as mortgage or   | secured car l   | oan)       |                       |                |
| Debtor              | 2 only                                 | ☐ Sta                     | tutory lien (such as tax lie   | en, mechanic's lien) |                 |            |                       |                |
| Debtor              | 1 and Debtor 2 on                      | ly 🔲 Jud                  | lgment lien from a lawsui      | it                   |                 |            |                       |                |
| At leas             | et one of the debtor<br>er             | s and                     | ner (including a right to set) |                      |                 |            |                       |                |
| ☐ Check             | if this claim relat                    | es to a                   |                                |                      |                 |            |                       |                |

community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$989.10

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Shinn Madden

Case number (if known) 24-10354-amc First Name Middle Name Last Name Column A Column B Column C Additional Page Value of collateral Amount of claim Unsecured Part 1: that supports this portion After listing any entries on this page, number them beginning with 2.3, Do not deduct the followed by 2.4, and so forth. claim value of collateral. If any 2.2 Santander Describe the property that secures the claim: \$64,919.07 \$158,640.00 \$0.00 Creditor's Name 7146 Cottage St Philadelphia, PA 19135-1202 1 Corporate Dr Number Street As of the date you file, the claim is: Check all that apply. Contingent Lake Zurich, IL 60047 Unliquidated City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ✓ Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Debtor 1 and Debtor 2 only Judgment lien from a lawsuit ■ At least one of the debtors and Other (including a right to another offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$64,919.07 If this is the last page of your form, add the dollar value totals from all pages.

\$65,908.17

Debtor 1

Jennifer

Write that number here:

|                             |  |   |  | Do  | cument   | Pa                     | ae 13 of                           | 32                                    |                                     |                                   |                    |
|-----------------------------|--|---|--|---|--|------------------------|------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|--------------------|
| Fill in th                  | nis inform                                     | ation to identify you   | ur case:   |   |  |                        |                                    |                                       |                                     |                                   |                    |
| Debtoi                      | r 1  | Jennifer  | L.   |   | Shinn Madde  | en                     |                                    |                                       |                                     |                                   |                    |
|                             |  | First Name  | Middle Na  | ame                                       | Last Name  | -                      |                                    |                                       |                                     |                                   |                    |
| Debto                       | r 2  |   |  |   |  |                        |                                    |                                       |                                     |                                   |                    |
| (Spous                      | e, if filing)                                  | First Name  | Middle Na  | ame                                       | Last Name  |                        |                                    |                                       |                                     |                                   |                    |
| United                      | l States E                                     | Bankruptcy Court fo   | or the:  | Eastern                                   | Dist   | trict of               | Pennsylvan                         | nia                                   |                                     |                                   |                    |
| Case                        | number   | 24-10354-amc  |  |   |  |                        |                                    |                                       |                                     |                                   |                    |
| (if know                    |  |   |  |   |  |                        |                                    |                                       |                                     | Check if amende                   | f this is an       |
| o                           |  | 1005/5  |  |   |  |                        |                                    |                                       |                                     | amende                            | a ming             |
| Officia                     | al For   | m 106E/F  |  |   |  |                        |                                    |                                       |                                     |                                   |                    |
| Sch                         | edu  | le E/F: C   | reditor  | s Wh                                      | o Have   | . Un                   | secur                              | ed Cla                                | ims                                 |                                   | 12/15              |
| orm 10<br>laims tl<br>umber | 6Å/B) ar<br>hat are li<br>the entr<br>(if know | ny executory continuous on Schedule Gristed in Schedule ies in the boxes on).  List All of Your F | Executory Co<br>D: Creditors V<br>n the left. Atta | ontracts and<br>Who Have C<br>ach the Con | d Unexpired Le<br>Claims Secured<br>tinuation Page | eases (C<br>d by Pro   | Official Form perty. If more       | 106G). Do not<br>space is nee         | t include any creded, copy the      | editors with pa<br>Part you need, | rtially secured    |
|                             |  |   |  |   |  |                        |                                    |                                       |                                     |                                   |                    |
|                             |  | editors have priori<br>to Part 2.   | ty unsecured                                       | claims agai                               | inst you?  |                        |                                    |                                       |                                     |                                   |                    |
| cla<br>am                   | aim listed<br>nounts. A                        | our priority unser, identify what type is much as possible continuation Page of                   | of claim it is. If<br>e, list the claims           | a claim has<br>in alphabet                | both priority an                                   | nd nonpr<br>rding to t | iority amounts<br>the creditor's r | s, list that claim<br>name. If you ha | n here and show<br>ave more than tw | both priority and                 | d nonpriority      |
| (Fo                         | or an exp                                      | lanation of each ty   | pe of claim, see                                   | e the instruc                             | tions for this for                                 | m in the               | instruction bo                     | ooklet.)                              |                                     |                                   |                    |
|                             |  |   |  |   |  |                        |                                    |                                       | Total claim                         | Priority amount                   | Nonpriority amount |
| 2.1                         |  |   |  | Last 4 dig                                | its of account                                     | number                 | r                                  |                                       |                                     |                                   |                    |
| Pi                          | riority Cre                                    | editor's Name   |  | When was                                  | s the debt incu                                    | rred?                  |                                    |                                       |                                     |                                   |                    |
| N                           | umber  | Street  |  |   |  |                        |                                    |                                       |                                     |                                   |                    |
| _                           |  |   |  | As of the                                 | date you file, tl                                  | he claim               | n is: Check all                    | that apply.                           |                                     |                                   |                    |
|                             |  |   |  | ☐ Contin                                  | gent   |                        |                                    |                                       |                                     |                                   |                    |
| С                           | ity  | State   | ZIP Code   | Unliqui                                   |  |                        |                                    |                                       |                                     |                                   |                    |
| W                           | /ho incu                                       | rred the debt? Cho  | eck one.   | Dispute                                   | ed   |                        |                                    |                                       |                                     |                                   |                    |
|                             | Debtor   | 1 only  |  | Type of Pl                                | RIORITY unsec                                      | cured cl               | aim:                               |                                       |                                     |                                   |                    |
|                             | Debtor   |   |  | ☐ Domes                                   | stic support obli                                  | gations                |                                    |                                       |                                     |                                   |                    |
|                             |  | 1 and Debtor 2 on   | •  | ☐ Taxes                                   | and certain othe                                   | er debts               | you owe the g                      | government                            |                                     |                                   |                    |
|                             |  | t one of the debtor   |  | Claims                                    | for death or pe                                    | ersonal ir             | njury while you                    | u were intoxica                       | ated                                |                                   |                    |
|                             |  | if this claim is for<br>unity debt  | ra   | Other.                                    | Specify  |                        |                                    |                                       |                                     |                                   |                    |

☐ No☐ Yes

Is the claim subject to offset?

Document Page 14 of 32 Debtor 1 Jennifer Shinn Madden Case number (if known) 24-10354-amc First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 MOHELA Last 4 digits of account number 6 2 9 5 \$1,708.00 Nonpriority Creditor's Name When was the debt incurred? 10/1/2022 Attn: Bankruptcy 633 Spirit Dr As of the date you file, the claim is: Check all that apply. Number Street Contingent Chesterfield, MO 63005-1243 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ✓ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **☑** No ☐ Yes 4.2 PECO Energy Company \$615.99 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2301 Market St Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia, PA 19103-1338 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify Is the claim subject to offset?

✓ No ☐ Yes

Page 15 of 32 Document Case number (if known) 24-10354-amc Debtor 1 Shinn Madden Jennifer First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim** 4.3 Philadelphia Gas Works Last 4 digits of account number \$2,211.47 Nonpriority Creditor's Name When was the debt incurred? 800 W Montgomery Ave Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia, PA 19122-2806 ■ Unliquidated ZIP Code Disputed

Student loans

priority claims

✓ Other. Specify

Type of NONPRIORITY unsecured claim:

Obligations arising out of a separation agreement or divorce that you did not report as

Debts to pension or profit-sharing plans, and other similar debts

Official Form 106E/F

Who incurred the debt? Check one.

☐ At least one of the debtors and another

 $\hfill \Box$  Check if this claim is for a community debt

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☑ Debtor 1 only

Debtor 2 only

✓ No ☐ Yes Case 24-10354-amc Doc 16 Filed 03/01/24 Entered 03/01/24 12:30:51 Desc Main Document Page 16 of 32

Debtor 1 Jennifer L. Shinn Madden Case number (if known) 24-10354-amc

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Middle Name

First Name

|               | amoun | the Amounts for Each Type of Unsecured Claim  ats of certain types of unsecured claims. This information is sefor each type of unsecured claim. | s for sta | atist | ical reporting purposes only. 28 | J.S.C. § 159. |
|---------------|-------|---|-----------|-------|----------------------------------|---------------|
|               |       |   |           |       | Total claim                      |               |
| Total claims  | 6a.   | Domestic support obligations  | 6a.       |       | \$0.00                           |               |
| from Part 1   | 6b.   | Taxes and certain other debts you owe the government  | 6b.       |       | \$0.00                           |               |
|               | 6c.   | Claims for death or personal injury while you were intoxicated  | 6c.       |       | \$0.00                           |               |
|               | 6d.   | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.  | 6d.       | +     | \$0.00                           |               |
|               | 6e.   | <b>Total.</b> Add lines 6a through 6d.  | 6e.       |       | \$0.00                           |               |
|               |       |   |           | •     |                                  |               |
|               |       |   |           |       | Total claim                      |               |
| Total claims  | 6f.   | Student loans   | 6f.       |       | \$1,708.00                       |               |
| IIOIII Fait 2 | 6g.   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.       |       | \$0.00                           |               |
|               | 6h.   | Debts to pension or profit-sharing plans, and other similar debts   | 6h.       |       | \$0.00                           |               |
|               | 6i.   | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.   | 6i.       | +     | \$2,827.46                       |               |
|               | 6j.   | Total. Add lines 6f through 6i.   | 6j.       |       | \$4,535.46                       |               |

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| Fill in this information | to identify your case: |             |                               |
|--------------------------|------------------------|-------------|-------------------------------|
| Debtor 1                 | Jennifer               | L.          | Shinn Madden                  |
|                          | First Name             | Middle Name | Last Name                     |
| Debtor 2                 |                        |             |                               |
| (Spouse, if filing)      | First Name             | Middle Name | Last Name                     |
| United States Bankr      | ruptcy Court for the:  | Eas         | tern District of Pennsylvania |
| Case number (if known)   | 24-10354-ai            | mc          |                               |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with who | om you ha | ve the contract or lease | State what the contract or lease is for |
|-----|-----------|------------------|-----------|--------------------------|---|
| 2.1 |           |                  |           |                          |   |
|     | Name      |                  |           |                          | •                                       |
|     | Number    | Street           |           |                          |   |
|     | City      |                  | State     | ZIP Code                 | •                                       |
| 2.2 |           |                  |           |                          |   |
|     | Name      |                  |           |                          |   |
|     | Number    | Street           |           |                          | •                                       |
|     | City      |                  | State     | ZIP Code                 | •                                       |
| 2.3 |           |                  |           |                          |   |
|     | Name      |                  |           |                          |   |
|     | Number    | Street           |           |                          | •                                       |
|     | City      |                  | State     | ZIP Code                 |   |
| 2.4 |           |                  |           |                          |   |
|     | Name      |                  |           |                          |   |
|     | Number    | Street           |           |                          | •                                       |
|     | City      |                  | State     | ZIP Code                 |   |

|         | Ous            | C 24 10004                               | Doc 10                      | ocument Page 1                     | 8 of 32  | or Describant                      |
|---------|----------------|--|-----------------------------|------------------------------------|--|------------------------------------|
| Fill in | this infor     | mation to identify yo                    | our case:                   |                                    |  |                                    |
| Deb     | tor 1          | Jennifer                                 | L.                          | Shinn Madden                       |  |                                    |
|         |                | First Name                               | Middle Name                 | Last Name                          |  |                                    |
| Deb     |                |  |                             |                                    |  |                                    |
| (Spo    | use, if filing | First Name                               | Middle Name                 | Last Name                          |  |                                    |
| Unite   | ed States      | Bankruptcy Court f                       | or the: Easter              | District of Pen                    | nsylvania  |                                    |
|         |                | 24-10354-amc                             |                             |                                    |  |                                    |
| (if kn  | own)           |  |                             |                                    |  | Check if this is an amended filing |
| Offic   | cial Fo        | rm 106H                                  |                             |                                    |  |                                    |
|         |                |  |                             |                                    |  |                                    |
| SCI     | neau           | ile H: Yo                                | ur Codebtor                 | <u>S</u>                           |  | 12/15                              |
| the en  | tries in th    | ne boxes on the le<br>er every question. | ft. Attach the Additional   | •                                  | space is needed, copy the Addition of any Additional Pages, write your same as a codebtor.)                    |                                    |
|         | ✓ No<br>☐ Yes  |  |                             |                                    |  |                                    |
|         | Yes.           | 10                                       |                             | ivalent live with you at the time? | Fill in the name and curre   | ent address of that person.        |
|         | i              | Name of your spous                       | se, former spouse, or lega  | l equivalent                       |  |                                    |
|         | Ī              | Number                                   | Street                      |                                    |  |                                    |
|         | •              | City                                     | State                       | ZIP Code                           |  |                                    |
| 3.      | 2 again        | as a codebtor only                       | y if that person is a guara | antor or cosigner. Make sure       | or if your spouse is filing with you<br>you have listed the creditor on So<br>chedule D, Schedule E/F, or Sche | chedule D (Official Form 106D),    |
|         | Column         | 1: Your codebtor                         |                             |                                    | Column 2: The creditor to  | whom you owe the debt              |
|         |                |  |                             |                                    | Check all schedules that ap  | ply:                               |
| 3.1     |                |  |                             |                                    |  |                                    |
|         | Name           |  |                             |                                    | ☐ Schedule D, line   |                                    |
|         | Niumah a       |  | Stroot                      |                                    | Schedule E/F, line   |                                    |
|         | Number         |  | Street                      |                                    | ☐ Schedule G, line   |                                    |
|         | City           |  | State                       | ZIP Co                             | ode  |                                    |
| 3.2     |                |  |                             |                                    |  |                                    |
|         | Name           |  |                             |                                    | ☐ Schedule D, line   |                                    |

Official Form 106H Schedule H: Codebtors page <sup>1</sup> of <u>1</u>

ZIP Code

☐ Schedule E/F, line \_\_\_

☐ Schedule G, line \_\_\_\_\_

Name

Number

City

Street

State

| Case 24-10354  |  | led 03/01/24 Entered 03/01<br>ument Page 19 of 32 | /24 12:30:51 Desc Main  |
|--|--|---|---|
| Fill in this information to identify your  | case:  |   |   |
| Debtor 1 Jennifer First Name   |  | Shinn Madden<br>ast Name                          |   |
| Debtor 2 (Spouse, if filing)  First Name  United States Bankruptcy Court for  Case number (if known)  24-10      |  | ast Name  District of Pennsylvania                | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:  MM / DD / YYYYY |
| <u>Official Form 106I</u><br>Schedule I: Your II   | ncome  |   | 12/15   |
|  | include information about yeld case number (if known). | our spouse. If more space is needed, attac        | a about your spouse. If you are separated and your has separate sheet to this form. On the top of any Debtor 2 or non-filing spouse     |
| If you have more than one job, attach a separate page with information about additional employers.               | Employment status Occupation                           | ☐ Employed <b>☑</b> Not Employed                  | ☑ Employed ☐ Not Employed   |
| Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies. | Employer's name Employer's address                     | Number Street                                     | Kartman Fire Protection Services, Inc.  2206 Darby Rd  Number Street  |
|  |  | City State Zip Code                               | Havertown, PA 19083-2248  City State Zip Code   |
|  | How long employed the                                  | ·   | ——————————————————————————————————————  |
| Part 2: Give Details About Mo  | onthly Income  |   |   |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll \$0.00 \$4,853.55 deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. \$0.00 \$0.00 4. Calculate gross income. Add line 2 + line 3. \$0.00 \$4,853.55

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Debtor 1 Jennifer L. Shinn Madden Case number (if known) 24-10354-amc

Last Name

First Name

Middle Name

|     |  |         | For Debtor 1        | For Debtor 2 or non-filing spouse |                         |
|-----|--|---------|---------------------|-----------------------------------|-------------------------|
|     | Copy line 4 here→  | 4.      | \$0.00              | \$4,853.55                        |                         |
| 5.  | List all payroll deductions:   |         |                     |                                   |                         |
|     | 5a. Tax, Medicare, and Social Security deductions  | 5a.     | \$0.00              | \$1,153.24                        |                         |
|     | 5b. Mandatory contributions for retirement plans   | 5b.     | \$0.00              | \$0.00                            |                         |
|     | 5c. Voluntary contributions for retirement plans   | 5c.     | \$0.00              | \$0.00                            |                         |
|     | 5d. Required repayments of retirement fund loans   | 5d.     | \$0.00              | \$0.00                            |                         |
|     | 5e. Insurance  | 5e.     | \$0.00              | \$0.00                            |                         |
|     | 5f. Domestic support obligations   | 5f.     | \$0.00              | \$0.00                            |                         |
|     | 5g. Union dues   | 5g.     | \$0.00              | \$0.00                            |                         |
|     | 5h. Other deductions. Specify:   | 5h.     | + \$0.00            | + \$0.00                          |                         |
| 6.  | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.      | \$0.00              | \$1,153.24                        |                         |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.      | \$0.00              | \$3,700.31                        |                         |
| 8.  | List all other income regularly received:  |         |                     |                                   |                         |
|     | 8a. Net income from rental property and from operating a business, profession, or farm   |         |                     |                                   |                         |
|     | Attach a statement for each property and business showing gross  |         |                     |                                   |                         |
|     | receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.     | \$0.00              | \$0.00                            |                         |
|     | 8b. Interest and dividends   | 8b.     | \$0.00              | \$0.00                            |                         |
|     | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  |         |                     |                                   |                         |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.     | \$0.00              | \$0.00                            |                         |
|     | 8d. Unemployment compensation  | 8d.     | \$0.00              | \$0.00                            |                         |
|     | 8e. Social Security  | 8e.     | \$3,349.00          | \$0.00                            |                         |
|     | 8f. Other government assistance that you regularly receive   |         |                     |                                   |                         |
|     | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |         |                     |                                   |                         |
|     | Specify:   | 8f.     | \$0.00              | \$0.00                            |                         |
|     | 8g. Pension or retirement income   | 8g.     | \$0.00              | \$0.00                            |                         |
|     | 8h. Other monthly income. Specify:   | 8h.     | +\$0.00             | +\$0.00                           |                         |
| 9.  | <b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.      | \$3,349.00          | \$0.00                            |                         |
| 10. | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse  | 10.     | \$3,349.00 <b>-</b> | \$3,700.31                        | \$7,049.31              |
| 11. | State all other regular contributions to the expenses that you list in Scheo   | lule J. |                     |                                   |                         |
|     | Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a                          |         | ,                   | ,                                 |                         |
|     | Specify:   |         |                     | . 11. •                           | <b>+</b> \$0.00         |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics   |         |                     | come. Write that 12.              | \$7,049.31              |
| 13. | Do you expect an increase or decrease within the year after you file this fo   | orm?    |                     |                                   | Combined monthly income |
|     | ☑No. ☐Yes. Explain:  |         |                     |                                   |                         |

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| Fill in this informatio | on to identify your case | :           |                               |  |
|-------------------------|--------------------------|-------------|-------------------------------|--|
| Debtor 1                | _ Jennifer               | L.          | Shinn Madden                  | _   0, 1,7,1,  |
|                         | First Name               | Middle Name | Last Name                     | Check if this is:  |
| Debtor 2                |                          |             |                               | ☐ An amended filing  |
| (Spouse, if filing)     | First Name               | Middle Name | Last Name                     | <ul> <li>A supplement showing postpetition che<br/>expenses as of the following date:</li> </ul> |
| United States Bank      | kruptcy Court for the:   | Eas         | tern District of Pennsylvania | _  |
| Case number             | 24-10354-a               | mc          |                               | MM / DD / YYYY   |
| (if known)              |                          |             |                               |  |

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Your Househo  | ld   |   |                 |                                      |
|--|--|---|-----------------|--------------------------------------|
| 1. Is this a joint case?  ☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a se ☐ No ☐ Yes. Debtor 2 must file | parate household?<br>e Official Form 106J-2, <i>Expenses for</i> | Separate Household of Debtor 2.                     |                 |                                      |
| <ol> <li>Do you have dependents?</li> <li>Do not list Debtor 1 and<br/>Debtor 2.</li> </ol>                    | ☐ No ☑ Yes. Fill out this information for each dependent         | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?        |
| Do not state the dependents' names.  | for each appendent   | Child   | 17              | . □ <sub>No.</sub> ☑ <sub>Yes.</sub> |
| names.   |  |   |                 | No. Yes.                             |
|  |  |   |                 | No. Yes.                             |
|  |  |   |                 | No. Yes.                             |
|  |  |   |                 | No. Yes.                             |
| Do your expenses include     expenses of people other than     yourself and your dependents?                   | <b>√</b> No<br>□ <sub>Yes</sub>                                  |   |                 |                                      |
| Part 2: Estimate Your Ongoing  Estimate your expenses as of your badate after the bankruptcy is filed. If the  | nkruptcy filing date unless you are                              |   |                 |                                      |
| Include expenses paid for with non-casuch assistance and have included it                                      |  |   | You             | ur expenses                          |
| 4. The rental or home ownership explored for the ground or lot.  | penses for your residence. Include t                             | first mortgage payments and any ren                 | 4               | \$647.00                             |
| If not included in line 4:   |  |   |                 |                                      |
| 4a. Real estate taxes  |  |   | 4a              | \$0.00                               |
| 4b. Property, homeowner's, or rent   | er's insurance   |   | 4b              | \$0.00                               |
| 4c. Home maintenance, repair, and  | l upkeep expenses  |   | 4c.             | \$250.00                             |
| 4d. Homeowner's association or co  | ndominium dues   |   | 4d.             | \$0.00                               |

# 

Debtor 1 Jennifer L. Shinn Madden Case number (if known) 24-10354-amc
First Name Middle Name Last Name

|                                   |   | You          | ur expenses |
|-----------------------------------|---|--------------|-------------|
| 5. Additional r                   | nortgage payments for your residence, such as home equity loans   | 5.           | \$0.00      |
| . Utilities:                      |   |              |             |
| 6a. Electricit                    | y, heat, natural gas  | 6a. <u> </u> | \$150.00    |
| 6b. Water, s                      | ewer, garbage collection  | 6b           | \$0.00      |
| 6c. Telephor                      | ne, cell phone, Internet, satellite, and cable services   | 6c.          | \$300.00    |
| 6d. Other. S                      | pecify:   | 6d.          | \$0.00      |
| . Food and he                     | pusekeeping supplies  | 7.           | \$1,500.00  |
| . Childcare ar                    | nd children's education costs   | 8.           | \$0.00      |
| . Clothing, la                    | undry, and dry cleaning   | 9.           | \$300.00    |
| 0. Personal ca                    | re products and services  | 10.          | \$200.00    |
| 1. Medical and                    | dental expenses   | 11.          | \$500.00    |
|                                   | i <b>on.</b> Include gas, maintenance, bus or train fare.<br>de car payments.   | 12.          | \$500.00    |
| 3. Entertainme                    | ent, clubs, recreation, newspapers, magazines, and books  | 13.          | \$250.00    |
| 4. Charitable of                  | ontributions and religious donations  | 14.          | \$50.00     |
| 5. <b>Insurance.</b> Do not inclu | de insurance deducted from your pay or included in lines 4 or 20.   |              |             |
| 15a. Life ins                     | , , ,   | 15a. <b></b> | \$0.00      |
| 15a. Life ins                     |   | 15b          | \$0.00      |
| 15c. Vehicle                      |   |              | \$200.00    |
|                                   |   | 15d.         |             |
| 15d. Other II                     | nsurance. Specify:  |              | \$0.00      |
|                                   | ot include taxes deducted from your pay or included in lines 4 or 20.   | 16.          | \$0.00      |
| 7. Installment                    | or lease payments:  |              |             |
| 17a. Car pa                       | ments for Vehicle 1   | 17a          | \$0.00      |
|                                   |   | 17b.         | \$0.00      |
|                                   | ments for Vehicle 2   | 17c.         | \$0.00      |
| 17c. Other.                       | Specify:  | 17d.         | \$0.00      |
| 17d. Other.                       | Specify:  |              | 7000        |
|                                   | nts of alimony, maintenance, and support that you did not report as deducted ay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.          | \$0.00      |
|                                   | ents you make to support others who do not live with you.   |              | ***         |
| Specify:                          |   | 19.          | \$0.00      |
| •                                 | roperty expenses not included in lines 4 or 5 of this form or on Schedule I: Your II  | ncome.       |             |
| -                                 | ges on other property   | 20a          | \$0.00      |
| 20b. Real es                      |   | 20b.         | \$0.00      |
| •                                 | y, homeowner's, or renter's insurance   | 20c.         | \$0.00      |
|                                   | nance, repair, and upkeep expenses  | 20d.         | \$0.00      |
| 20e. Homeo                        | wner's association or condominium dues  | 20e.         | \$0.00      |

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| Debtor 1 |                      | Jennifer            | L.                        | Shinn Madden  | Case number (if known | n) 24-10354-amc |
|----------|----------------------|---------------------|---------------------------|---|-----------------------|-----------------|
|          |                      | First Name          | Middle Name               | Last Name   |                       |                 |
| 21.      | Other. Spe           | ecify:              |                           |   | 21. <b>+</b>          | \$0.00          |
| 22.      | Calculate            | your monthly expe   | enses.                    |   |                       |                 |
|          | 22a. Add li          | nes 4 through 21.   |                           |   | 22a                   | \$4,847.00      |
|          | 22b. Copy            | line 22 (monthly e  | xpenses for Debtor 2), i  | f any, from Official Form 106J-2  | 22b                   | \$0.00          |
|          | 22c. Add li          | ne 22a and 22b. T   | he result is your monthl  | y expenses.   | 22c                   | \$4,847.00      |
| 23.      | Calculate y          | your monthly net i  | income.                   |   |                       |                 |
|          | 23a. Copy            | line 12 (your comb  | oined monthly income) f   | rom Schedule I.   | 23a                   | \$7,049.31      |
|          | 23b. Copy            | your monthly expe   | enses from line 22c abo   | ve.   | 23b. <b>_</b>         | \$4,847.00      |
|          | 23c. Subtra          | act your monthly e  | xpenses from your mon     | thly income.  |                       |                 |
|          | The r                | esult is your month | hly net income.           |   | 23c                   | \$2,202.31      |
| 24.      | For examp mortgage p | le, do you expect t | to finish paying for your | enses within the year after you file to<br>car loan within the year or do you ex<br>of a modification to the terms of you | pect your             |                 |
|          | ☑ No.                | None                |                           |   |                       |                 |

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| Fill in this information | to identify your case | :           |                                |  |
|--------------------------|-----------------------|-------------|--------------------------------|--|
| Debtor 1                 | _Jennifer             | L.          | Shinn Madden                   |  |
|                          | First Name            | Middle Name | Last Name                      |  |
| Debtor 2                 |                       |             |                                |  |
| (Spouse, if filing)      | First Name            | Middle Name | Last Name                      |  |
| United States Bankr      | uptcy Court for the:  | Eas         | stern District of Pennsylvania |  |
| Case number              | 24-10354-aı           | mc          |                                |  |
| (if known)               |                       |             |                                |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all

| of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your origin new <i>Summary</i> and check the box at the top of this page.                          | al forms, you must fill out a     |
|--|-----------------------------------|
| Part 1: Summarize Your Assets  |                                   |
|  | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)   |                                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$158,640.00                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$2,880.44                        |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$161,520.44                      |
| Part 2: Summarize Your Liabilities   |                                   |
|  | Your liabilities Amount you owe   |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$65,908.17                       |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                            |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | <b>+</b> \$4,535.46               |
| Your total liabilities   | \$70,443.63                       |
| Part 3: Summarize Your Income and Expenses   |                                   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$7,049.31                        |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J   | \$4,847.00                        |

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|          |          |    | Document     | Page 25 of 32 |                 |
|----------|----------|----|--------------|---------------|-----------------|
| Debtor 1 | Jennifer | L. | Shinn Madden | 1             | Case number (if |

T 1 Jennifer L. Shinn Madden Case number (if known) 24-10354-amc
First Name Middle Name Last Name

| Part 4: Answer These Questions for Administrative and Statistical Records  |                 |            |  |  |  |  |
|--|-----------------|------------|--|--|--|--|
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes   |                 |            |  |  |  |  |
| <ul> <li>7. What kind of debt do you have?</li> <li>✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |                 |            |  |  |  |  |
| <ol> <li>From the Statement of Your Current Monthly Income: Copy your total current monthly income from<br/>Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.</li> </ol>  | Official        | \$1,637.55 |  |  |  |  |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  | Total claim     |            |  |  |  |  |
| From Part 4 on Schedule E/F, copy the following:   |                 |            |  |  |  |  |
| 9a. Domestic support obligations (Copy line 6a.)   | \$0.00          |            |  |  |  |  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00          |            |  |  |  |  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00          |            |  |  |  |  |
| 9d. Student loans. (Copy line 6f.)   | \$1,708.00      |            |  |  |  |  |
| 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$0.00          |            |  |  |  |  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | <b>+</b> \$0.00 |            |  |  |  |  |
| 9g. <b>Total</b> . Add lines 9a through 9f.  | \$1,708.00      |            |  |  |  |  |

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| Fill in this information   | Fill in this information to identify your case: |             |              |  |  |  |  |
|--|---|-------------|--------------|--|--|--|--|
| Debtor 1   | Jennifer  | L.          | Shinn Madden |  |  |  |  |
|  | First Name                                      | Middle Name | Last Name    |  |  |  |  |
| Debtor 2   |   |             |              |  |  |  |  |
| (Spouse, if filing)  | First Name                                      | Middle Name | Last Name    |  |  |  |  |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania |   |             |              |  |  |  |  |
| Case number 24-10354-amc (if known)                                      |   | mc          |              |  |  |  |  |

### Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an attorney to help      | you fill out bankruptcy forms?  |
| <b>☑</b> No   |   |
| Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
| Under penalty of perjury, I declare that I have read the summary and se | chedules filed with this declaration and that they are true and correct.                      |
|   |   |
| /s/ Jennifer L. Shinn Madden  |   |
| Jennifer L. Shinn Madden, Debtor 1                                      |   |
| Date 03/01/2024<br>MM/ DD/ YYYY   |   |
| ==  |   |

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|   |   | l   | Document Page   | e 27 of 32                                   |         |                                    |        |
|---|---|---|---|--|---------|------------------------------------|--------|
| Fill in this information                  | n to identify your cas                      | se:                                       |   |  |         |                                    |        |
| Debtor 1                                  | Jennifer                                    | L.  | Shinn Madden  |  |         |                                    |        |
|   | First Name                                  | Middle Name                               | Last Name   |  |         |                                    |        |
| Debtor 2<br>(Spouse, if filing)           | First Name                                  | Middle Ness                               | Last Name   |  |         |                                    |        |
|   | First Name                                  | Middle Name                               | Last Name   | ia   |         |                                    |        |
|   | ruptcy Court for the                        |   | tern District of Pennsylvan   | <u>ıa</u>                                    |         | Observative transfer and           |        |
| Case number (if known)                    | 24-10354                                    | -amc                                      |   |  |         | Check if this is an amended filing |        |
| Official Form                             | 107   |   |   |  |         |                                    |        |
| <u>Statement</u>                          | of Financ                                   | cial Affair                               | s for Individu  | als Filing                                   | for Ban | kruptcy                            | 04/22  |
| space is needed, atta<br>question.        | ich a separate shee                         | t to this form. On th                     | ople are filing together, both top of any additional pages  | ges, write your nam                          |         |                                    |        |
| Part 1: Give Det                          | alis About Your                             | viai itai Status a                        | nd Where You Lived Be   | erore  |         |                                    |        |
| 1. What is your cur                       | rent marital status?                        | ?   |   |  |         |                                    |        |
| ✓ Married                                 |   |   |   |  |         |                                    |        |
| ■ Not married                             |   |   |   |  |         |                                    |        |
| 2. During the last 3                      | years, have you liv                         | ed anywhere other                         | than where you live now?  |  |         |                                    |        |
| <b>√</b> No                               |   |   |   |  |         |                                    |        |
| Yes. List all of                          | f the places you live                       | d in the last 3 years                     | . Do not include where you  | live now.                                    |         |                                    |        |
|   |   | •   | ·   |  |         |                                    |        |
|   |   | •   | or legal equivalent in a colvada, New Mexico, Puerto F  | ,, ,   | •       | ` , , ,                            | es and |
| <b>√</b> No                               |   |   |   |  |         |                                    |        |
| Yes. Make su                              | re you fill out Sched                       | lule H: Your Codebt                       | ors (Official Form 106H).   |  |         |                                    |        |
|   |   |   |   |  |         |                                    |        |
| Part 2: Explain                           | the Sources of Y                            | our Income                                |   |  |         |                                    |        |
| Fill in the total amo                     | unt of income you re                        | eceived from all jobs                     | perating a business during<br>and all businesses, includi-<br>receive together, list it only of                           | ng part-time activitie                       | es.     | dar years?                         |        |
| _   | - d-1-9-                                    |   |   |  |         |                                    |        |
| Yes. Fill in the                          | e aetails.                                  |   |   |  |         |                                    |        |
| Include income reg<br>public benefit paym | ardless of whether t<br>ents; pensions; ren | hat income is taxableal income; interest; | ne two previous calendar y<br>le. Examples of other incom<br>dividends; money collected<br>ogether, list it only once und | ne are alimony; child<br>from lawsuits; roya |         |                                    |        |
| ☐ No                                      |   |   |   |  |         |                                    |        |
| ✓ Yes. Fill in the                        | e details.                                  |   |   |  |         |                                    |        |

Debtor 1

Debtor 2

Page 28 of 32 Document Shinn Madden Case number (if known) 24-10354-amc Debtor 1 Jennifer First Name Middle Name Last Name Sources of income Gross income from Sources of income Gross Income from each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) Social Security From January 1 of current year until the \$2,175.00 date you filed for bankruptcy: Disability For last calendar year: Social Security \$25,407.00 Disability (January 1 to December 31, 2023 For the calendar year before that: Social Security \$23,874.00 Disability (January 1 to December 31, 2022 List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more? ☐ No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **✓** No Yes. List all payments to an insider. 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√** No Yes. List all payments that benefited an insider.

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Desc Main

Page 29 of 32 Document Shinn Madden Debtor 1 Jennifer Case number (if known) 24-10354-amc First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **√**No Yes. Fill in the details. 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ✓ No. Go to line 11. Yes. Fill in the information below. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **√** No Yes. Fill in the details. 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a courtappointed receiver, a custodian, or another official? **✓** No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **√** No ☐ Yes. Fill in the details for each gift. 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? **√**No ☐ Yes. Fill in the details for each gift or contribution. List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **√** No Yes. Fill in the details.

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|--|--|---|---|--|-----------------------------|-----------------------------------|--|--|
| Debtor 1   | Jennifer   | L.  |   | Shinn Madden   |                             |                                   | Case number (if kno  | wn) 24-10354-amc   |
|  | First Name   | Middle  |   | Last Name  |                             |                                   |  |  |
| Part 7: L  | _ist Certain Payme   | ents or Tr  | ansfers   |  |                             |                                   |  |  |
| about see  | eking bankruptcy or p  | reparing a  | bankruptcy pe   | etition?   | _                           |                                   | ay or transfer any property  | to anyone you consulted  |
| Yes.   | Fill in the details.   |   |   |  |                             |                                   |  |  |
| Cibik L  | aw, P.C.   |   | Description a   | nd value of any p  | operty tr                   | ansferred                         | Date payment or transfer was made  | Amount of payment  |
| Person V   | Who Was Paid   |   | Attorney's Fee  | and Cost;  |                             |                                   |  |  |
| 1500 V   | Valnut Street Suite 900  | )   |   |  |                             |                                   | 02/01/2024   | \$1,025.00   |
| Number   |  |   |   |  |                             |                                   | 1/31/2024  | \$800.00   |
|  |  |   |   |  |                             |                                   | 170 172024   | φοσο.σσ  |
|  |  |   |   |  |                             |                                   |  |  |
| Philade  | elphia, PA 19102   |   |   |  |                             |                                   |  |  |
| City   | State 2  | ZIP Code  |   |  |                             |                                   |  |  |
| mail@d   | cibiklaw.com   |   |   |  |                             |                                   |  |  |
| Email or   | website address  |   |   |  |                             |                                   |  |  |
|  |  |   |   |  |                             |                                   |  |  |
| Person V   | Who Made the Payment,  | if Not You  |   |  |                             |                                   |  |  |
| help you Do not income of No Pres.  18. Within ordinary of Include be Do not income of No Pres.  19. Within (These ar Manager of No Pres.) | deal with your creditor clude any payment or Fill in the details.  1 2 years before you focurse of your busine oth outright transfers a clude gifts and transfers.  Fill in the details. | iled for ban<br>ess or finan<br>and transfer<br>rs that you l | ake payments of tyou listed on the second of | to your creditors? line 16.  ou sell, trade, or ourity (such as the gated on this statem | therwise<br>granting clent. | transfer any p of a security into | roperty to anyone, other the erest or mortgage on your parts of trust or similar device of | nan property transferred in the property).  which you are a beneficiary? |
| or transfe<br>Include ch   | erred?   | ey market,  | or other financi  | al accounts; certifi   |                             |                                   | d in your name, or for your  | benefit, closed, sold, moved, okerage houses, pension                    |
| <b>√</b> No  |  |   |   |  |                             |                                   |  |  |
| ☐ Yes.   | Fill in the details.   |   |   |  |                             |                                   |  |  |
|  |  |   |   |  |                             |                                   |  |  |

|             | Case 24-103!  | 54-amc D                                  | oc 16 Filed 03/0<br>Document                               |               | Entered 03/0<br>e 31 of 32 | 1/24 12:30:51             | Desc Main                      |
|-------------|---|---|--|---------------|----------------------------|---------------------------|--------------------------------|
| ebtor 1     | Jennifer  | L.  | Shinn Madden   |               |                            | Case number (if known     | a) 24-10354-amc                |
|             | First Name  | Middle Name                               | Last Name  |               |                            |                           |                                |
| valuables   |   | u have within 1                           | year before you filed for ba                               | ankruptcy,    | any safe deposit bo        | ox or other depository    | for securities, cash, or other |
| <b>✓</b> No |   |   |  |               |                            |                           |                                |
| Yes.        | Fill in the details.  |   |  |               |                            |                           |                                |
| _           | ou stored property ir   | n a storage unit o                        | or place other than your ho                                | ome within    | 1 year before you          | filed for bankruptcy?     |                                |
| <b>√</b> No |   |   |  |               |                            |                           |                                |
| ☐ Yes.      | Fill in the details.  |   |  |               |                            |                           |                                |
| Part 9: Id  | dentify Property Y  | 'ou Hold or Co                            | entrol for Someone Els                                     | se            |                            |                           |                                |
|             | ı hold or control any   | property that so                          | meone else owns? Include                                   | e any prop    | erty you borrowed          | from, are storing for, o  | r hold in trust for someone.   |
| <b>✓</b> No |   |   |  |               |                            |                           |                                |
| ☐ Yes.      | Fill in the details.  |   |  |               |                            |                           |                                |
| Part 10:    | Give Details Abou   | ıt Environmen                             | tal Information  |               |                            |                           |                                |
|             | (B. (40.4)  |   |  |               |                            |                           |                                |
| ■ Enviro    | ances, wastes, or mate  | ny federal, state,<br>erial into the air, | or local statute or regulation, or soil, surface water, gr |               |                            |                           |                                |
| ■ Site m    | ip of these substance:<br>eans any location, fac<br>ze it, including dispos | cility, or property                       |  | onmental la   | aw, whether you nov        | w own, operate, or utiliz | ze it or used to own, operate, |
| ■ Hazar     |   | anything an envi                          | ronmental law defines as a                                 | hazardous     | waste, hazardous           | substance, toxic substa   | ance, hazardous material,      |
| Report all  | notices, releases, an   | d proceedings t                           | hat you know about, regar                                  | dless of w    | nen they occurred.         |                           |                                |
| 24. Has an  | y governmental unit   | notified you that                         | t you may be liable or pote                                | entially liab | le under or in viola       | tion of an environmen     | tal law?                       |
| <b>√</b> No |   |   |  |               |                            |                           |                                |
| ☐ Yes.      | Fill in the details.  |   |  |               |                            |                           |                                |
| _           | ou notified any gove  | rnmental unit of                          | any release of hazardous                                   | material?     |                            |                           |                                |
| <b>√</b> No |   |   |  |               |                            |                           |                                |
| ☐ Yes.      | Fill in the details.  |   |  |               |                            |                           |                                |
| _           | ou been a party in ar   | ny judicial or adr                        | ninistrative proceeding un                                 | ider any en   | vironmental law? In        | nclude settlements and    | d orders.                      |
| <b>√</b> No |   |   |  |               |                            |                           |                                |
| ☐ Yes.      | Fill in the details.  |   |  |               |                            |                           |                                |
|             |   |   |  |               |                            |                           |                                |
|             |   |   |  |               |                            |                           |                                |
|             |   |   |  |               |                            |                           |                                |
|             |   |   |  |               |                            |                           |                                |

|  | Case 24-103  | 54-amc Doo                      |  | Entered 03/01/24 12:30:51 Desc Main ge 32 of 32   |  |  |  |
|--|--|---------------------------------|--|---|--|--|--|
| Debtor 1   | Jennifer   | L.                              | Shinn Madden                           | Case number (if known) 24-10354-amc   |  |  |  |
| Part 11:   | First Name Give Details Abou                                     | Middle Name<br>ut Your Business | Last Name<br>or Connections to Any Bus | siness  |  |  |  |
| 27. Within   | 1 4 years before you f   | iled for bankruptcy,            | did you own a business or have         | e any of the following connections to any business?   |  |  |  |
|  | A sole proprietor or se  | elf-employed in a tra           | de, profession, or other activity, ei  | either full-time or part-time   |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |                                 |  |   |  |  |  |
| ☐ A partner in a partnership   |  |                                 |  |   |  |  |  |
|  | An officer, director, or   | managing executive              | e of a corporation                     |   |  |  |  |
|  | An owner of at least 5   | 5% of the voting or e           | quity securities of a corporation      |   |  |  |  |
| <b>√</b> No. I   | None of the above app  | olies. Go to Part 12.           |  |   |  |  |  |
| ☐ Yes.   | Check all that apply a   | bove and fill in the o          | details below for each business.       |   |  |  |  |
| creditors,   | a 2 years before you for other parties.                          | iled for bankruptcy,            | did you give a financial statemen      | ent to anyone about your business? Include all financial institutions,  |  |  |  |
| <b>✓</b> No  |  |                                 |  |   |  |  |  |
| ☐ Yes.   | Fill in the details below  | w.                              |  |   |  |  |  |
| I have rea   | ct. I understand that  | making a false state            | ement, concealing property, or ob      | ts, and I declare under penalty of perjury that the answers are true btaining money or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
| Sign   | Jennifer L. Shinn Mar<br>nature of Jennifer L. S<br>e 03/01/2024 |                                 | or 1                                   |   |  |  |  |
| Did you a  ✓ No  ☐ Yes   | ttach additional page  | s to your <i>Statemen</i>       | t of Financial Affairs for Individua   | als Filing for Bankruptcy (Official Form 107)?  |  |  |  |
|  | ay or agree to pay so  | meone who is not a              | an attorney to help you fill out ba    | ankruptcy forms?  |  |  |  |
| <b>√</b> No  |  |                                 |  | Attack the Porturnates Politica Programmic Marie  |  |  |  |
| Yes.   | Name of person   |                                 |  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |  |  |  |